

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed: **4**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS **MR**

FIRST

**RAY**

MI

**A.**

NICKNAME

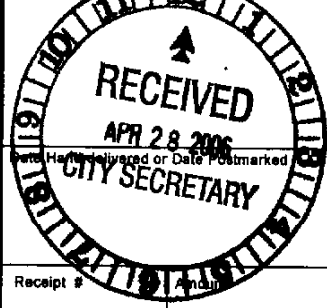
LAST

**JONES**

SUFFIX

OFFICE USE ONLY

Date Received



4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

**P.O. Box 657578**

**HOUSTON, TX 77266**

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(713)**

**529 - 7887**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

**VONNIE**

**B**

NICKNAME

LAST

**JONES**

Receipt #

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #

CITY

STATE

ZIP CODE

**3214 FERNDALE**

**HOUSTON, TX 77078**

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(713)**

**529 - 7887**

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

**01 / 16 / 06**

**04 / 28 / 06**

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

**11 / 08 / 05**

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

**N/A**

13 OFFICE SOUGHT (if known)

**CITY council - DIST. C**

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

**NONE**

Address / PO Box Apt / Suite #, City, State, Zip Code

☐ additional pages

GO TO PAGE 2

**AP**

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

RAY JONES

16 ACCOUNT # (Ethics Commission file)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

—

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

— 0 —

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

—

4. TOTAL POLITICAL EXPENDITURES

\$

133.61

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

— 0 —

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

— 0 —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

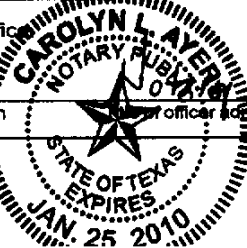
*Ray Jones*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ray A. JONES this the 28th day of April, 20 06, to certify which, witness my hand and seal of office.

*Carolyn L. Ayers*  
Signature of officer administering oath

*Carolyn L. Ayers*  
Printed name of officer administering oath



*Public*  
Signature of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

RAY A. JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28/06

5 Payee name

RAY JONES

7 Amount (\$)

133.61

6 Payee address; City; State; Zip Code

3214 FERNDALE

HOUSTON, TX 77098

8 Purpose of payment (See instructions regarding type of information required.)

REIMBURSE EXPENSES

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RJ

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

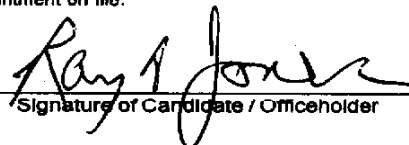
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

RAY JONES

**2 ACCOUNT # (Ethics Commission file)****3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A &amp; B below only if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

RJ